

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 FEB -4 AM 11:39

**FEC
FORM 3**

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Dr. Monica Wehby for U.S. Senate

ADDRESS (number and street) ▼

PO Box 3375

☐ Check if different than previously reported. (ACC)

Portland

OR

97208

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲
STATE ▼ DISTRICT

C00550996

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

OR

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

STATE

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

STATE

5. Covering Period

MM / DD / YYYY
11 / 25 / 2014

MM / DD / YYYY
11 / 25 / 2014

MM / DD / YYYY
11 / 25 / 2014

through

MM / DD / YYYY
12 / 31 / 2014

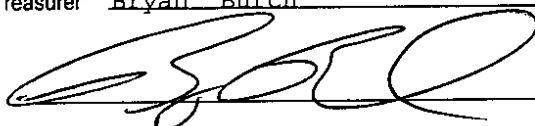
MM / DD / YYYY
12 / 31 / 2014

MM / DD / YYYY
12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bryan Burch

Signature of Treasurer



Date

MM / DD / YYYY
01 / 28 / 2015

MM / DD / YYYY
01 / 28 / 2015

MM / DD / YYYY
01 / 28 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)